| | R | ROUTIN | G AND | RECOR | D SHEET |
|--|--------|--------------------|---------|-----------|---|
| SUBJECT: (Optional) | | | | | |
| Significant Activ | rities | Seco | nd Quar | ter FY-8 | 7 |
| Chief, Printing and Photography | | | y Div., | OL | OL 11021-87 DATE 14 April 1987 |
| TO: (Officer designation, room number, and building) | | DATE | | OFFICER'S | |
| | | RECEIVED FORWARDED | | INITIALS | COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.) |
| 1. C/IMSS/OL | | 4/4 | 4/16 | | |
| 2. | | 7 | 17.2 | | |
| 3. | | | | | 25X1 |
| 4. | | _ | | | |
| 5. | | | | | 25X1 |
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FORM 610 USE PREVIOUS EDITIONS

ADMINISTRATIVE - INTERNAL USE ONLY When Separated from SECRET Attachment

OL 11021-87

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